

## Issues: Educational goals/objectives

*Tiffany is an 11-year-old girl with a severe hearing impairment. This psychoeducational assessment report contains information from a number of intellectual, functional, and academic tests.*

The following is a complete psychoeducational assessment report.

### COMPLETE PSYCHOEDUCATIONAL ASSESSMENT REPORT

#### Background Information

Tiffany is an energetic and curious 11-year, 9-month-old girl with a profound hearing impairment. Her developmental history is nonremarkable until the age of 15 months when she contracted meningitis. At that time it was discovered that she lost most of her hearing. Her last audiological examination was conducted three months ago. Tiffany has a 90 dB loss in her left ear and a 115 dB loss in her right ear. This was not a change from previous evaluations. She currently uses bilateral behind-the-ear hearing aids. When talking with her, she told me that her hearing aids only help give her environmental information.

Since learning of her loss, the parents have enrolled Tiffany in educational programs for the deaf. After visiting many programs they decided that the sign language approach would benefit their daughter most. Both parents attend sign language classes weekly. The family has been signing to their daughter since she was 19 months old. Her grandparents do not sign, but have shown an interest in learning.

At present, Tiffany is in a self-contained program for students who are deaf with mainstreaming in math, social studies, and science at the fourth grade level. The teacher of the deaf reports that her reading is below grade level, but improving. All instruction in the mainstream is provided through an interpreter.

#### Explanation of Tests Used

During the evaluation American Sign Language was used by the examiner and Tiffany as the communication method. She willingly came with the examiner to the testing room. Once in the testing room Tiffany was curious about what was in the examiner's bag and on the table. She asked questions about what I had in the bag and what the things on the table were for. Rapport between Tiffany and the examiner was maintained throughout the session.

The Nonverbal Scale of the Kaufman Assessment Battery for Children (K-ABC, 1983) was administered. This is an individualized intelligence test developed for children 2½ to 12½ years of age. Since the Nonverbal Scale was designed to assess the mental processing of children with communication

difficulties such as Tiffany, only the age appropriate subtests of this scale were administered. The tasks required for the five subtests on the Nonverbal Scale provide measures of Tiffany's ability to precisely copy hand-tapping sequences and repeat them to the examiner, to assemble identical colored triangles in accordance with an abstract design, to make visual analogies, to recall the locations of randomly arranged pictures, and to order a randomly placed set of photographs in their proper time sequence of events.

The Meadow/Kendall Social Emotional Assessment Inventory was administered to assess Tiffany's social adjustment, self-image, and emotional adjustment to her hearing loss. This test was normed on individuals who were hearing impaired and administered as a rating scale completed by two people who know the student well.

In addition to the two previously mentioned assessment tools, the spelling and mathematic sections of the Kaufman Test of Educational Achievement: Brief Form (K-TEA) were administered. These test sections measure spelling of words from a dictated list and mathematical computation skills. The spelling test was administered by signing the word and asking Tiffany to write the spelling of the signed word.

#### Testing Results—K-ABC

Some confusion occurred with the hand movement subtest in that Tiffany did not understand the appropriate way to respond to the test. Nevertheless, after the examiner taught the first two items to Tiffany, she seemed well-focused and motivated for the task. Tiffany worked on the Triangle subtest with great attention to detail, often adding just one triangle at a time and then comparing the product with the picture. In addition, on all items Tiffany started on the left-hand side and preceded from the bottom up. She had no problem with the other test items.

When the seven chips of the matrix analogies were introduced, Tiffany had a problem in understanding that the chip needed to be placed in the correct orientation. The test protocol states that the examiner may only teach the correct orientation once. Since Tiffany had problems with orientation, the subtest was discontinued. Tiffany offered many answers that were the reverse of the correct answer on the spatial memory subtest.

Overall, Tiffany's performance on the nonverbal subtest using the 90 percent confidence level illustrated below intellectual capabilities compared to children her age. She scored within the average range on the following subtests: triangles, spatial memory, and photo series, but below average on hand movement and matrix analogies.

Subtest	Scaled Score
Hand movements	6
Triangles	10
Matrix analogies	4
Spatial memory	8
Photo series	7

## Testing Results—Meadow/Kendall

The Meadow/Kendall Social Emotional Inventory indicates that Tiffany is functioning within the average range in the areas of social adjustment, self-image, and emotional scale.

## Testing Results—K-TEA

Tiffany had a standard score of 84 on the mathematics section. Her main problems occurred in the questions that required her to add fractions and make equivalent fractions and those problems that required more than simple division and multiplication. In the spelling section, she had a standard score of 71. All words were signed to Tiffany and she would write the words on the answer sheet. Some of the words she was able to spell were: across, Saturday, circle.

## Testing Results—Other

No formal reading measure was given. Her teacher of the deaf shared that Tiffany receives instruction in a small group and that she uses a whole language and language experience approach. The teacher estimates that the material used is at the mid-second grade level. The teacher is transitioning Tiffany from picture books to chapter books. Tiffany is able to read well, but has difficulties with comprehension and answering “what kind” and “how” questions.

## Summary

Tiffany is an 11-year, 9-month-old student who is profoundly deaf and receiving education in American Sign Language in both a self-contained and fourth grade mainstream classrooms. Her overall cognitive functioning was in the below-average range; however this should be viewed as a minimal estimation of her cognitive functioning due to her hearing impairment. Her academic functioning in the areas of spelling and reading average around the middle of second grade. Her math skills are low fourth grade. Tiffany’s social/emotional functioning is average in the areas of self-image, social adjustment, and emotional adjustment.

## QUESTIONS

1. Much of the assessment battery used in this evaluation is standard for any child, hearing or nonhearing. What adaptations did the examiner make in the testing protocol? Why? How could this influence the results of the tests?
2. This text emphasizes the importance of the various ecological systems that surround and interact with a child. What information about the ecological systems in Tiffany’s life is/is not included in this report? Discuss.

3. Tiffany’s teacher reportedly uses a whole language approach to literacy instruction. How can this be done with a profoundly deaf student like Tiffany?
4. Do you think that Tiffany would benefit from a phonetic approach to reading instruction? Why or why not?
5. Keeping in mind that individualized education programs (IEPs) should involve input from students, parents, and family members, write one IEP annual goal that might be appropriate in the area of either reading/literacy skills or mathematic skills. Write three short-term objectives that might be appropriate to that annual goal.
6. *Activity:* In the assessment report, Tiffany is described as having below-average intellectual functioning and academic skills. The examiner also hints that the limitations of the instruments may underestimate her abilities. Research the following question in the library or by interviewing knowledgeable practitioners: Do students with profound deafness typically score average on standardized tests of intellectual functioning and academic skills? If not, what role do the limitations of the tests play in their scores?



## 33. EMILY

### *Issue: Social diversity*

*Emily is a sixth grader with a hearing impairment who is educated in a general education class. When the battery on her hearing aide expires, Mr. Christian, an aural rehabilitation specialist, tries to find Emily’s parents to arrange for a new battery. Emily’s parents both struggle with drug addiction and frequently move from one address to another.*

One! Two! Three! With three rhythmic hand claps, Ms. Juarez brought her sixth grade class to order. The thirty-two children sat silently, their papers, books, and pencils set down for the moment, their eyes fixed on their teacher in anticipation of her words.

One of the students, Emily Stuart, did not stop her activities. Humming lightly under her breath, Emily stood in the Book Corner, a small area at the rear of the room consisting of three full bookshelves, a large throw rug, and a series of beanbag chairs. Her back turned to the rest of the class, Emily continued to pick through the shelves in search of an appealing storybook for her independent reading.

“Emily. Emily.” Ms. Juarez called the youngster’s name into a microphone that hung by a cord around the teacher’s neck. Emily also wore a cord bearing a small amplification/reception unit on her chest. Wires ran from the amplification unit up to the small earphones that fit neatly into her ears. When

**community-based activities** Functional academics (e.g., counting money) that are taught to students in a community setting such as a grocery store, bus stop, or fast-food restaurant.

**environmentally at-risk** A student who lives in an environment that would place him or her at risk for developing learning or behavioral problems.

**full inclusion** A program that places children with disabilities, despite the severity of disability, in general education (full inclusion) classes at proportional rates as those disabling conditions are found in the natural population. In this type of program, students typically receive all of their special education and related services in the general education (full inclusion) classroom.

**functional skills** A term used to describe simple academic skills, such as counting money or telling time.

**microswitches** Simple switches that turn on or off an action in a specially designed computer program.

**partial participation** A term used to describe an individual's participation in an activity. Typically the individual contributes to the activity in a limited basis (partial basis).

**response analysis** An analysis of student's responses to various stimuli.



## 36. TODD

### *Issues: Behavior management, transition*

*This case walks one through the typical day in the life of a student with disabilities, as seen through the eyes of Todd, a student in the class.*

Todd is a 20-year-old with moderate to severe mental and motor impairments caused by cerebral palsy (CP). Todd lives at home with his parents, Susan and Rich, and his brothers, Tom and Tadd. Todd attends his local high school, Susquenata High School, where he works in the school kitchen helping to prepare school lunches. Due to the school's Friendly Circle Project, he has been able to meet other students who are about his age; however, many of these classmates spend time with Todd only during school hours.

Intellectually and motorically, Todd has performed poorly on most assessments. For example, Todd has only earned a full-scale intellectual quotient score of 32 during his most recent reevaluation; and he scored low, a score of 20, on the Vineland Adaptive Behavior Scale. Despite being able to talk, Todd's speech is so severe that at times it is difficult to understand him. Consequently, Todd does most of his communication through signs and a small communication board that he carries with him.

Todd's typical day begins with his mother or father waking him at 6:00 A.M. His parents usually prepare a bowl of cereal for him, and Todd then uses a large spoon with a thick handle to feed himself. He also uses a large straw to drink most liquids. Most of the adaptations in Todd's life have been made because his severe tremors make fine motor skills difficult for him. He has made much progress over his fourteen years of schooling, mostly due to an educational program that has focussed on improving his motor and communication skills.

The special education school bus pulls up in front of his house to transport him to school. As his mother helps him board the bus, she asks the driver to watch Billy, another student with severe disabilities, who has been hitting Todd. The driver tells his mom that she'll keep her eye on him and helps place Todd behind John in a seat away from Billy. She also yells back to Billy, "Keep your hands to yourself. There will be no trouble on my bus." Billy looks on unaware of what is going on around him.

As soon as the bus reaches school, the part-time teacher aide, Janice, boards the bus and greets the students. Todd hops off first and begins to run toward the doors of the school. When she sees him in a full trot, Janice yells at Todd to slow down and to wait for her. As the students enter the building, it becomes obvious that the "special education" students (as they are referred to by the other students) have arrived. John is slapping himself in the face, as he always does when excited. Todd's odd gait and stomping of his feet as he walks announces his arrival. Billy's loud grunting sounds and tense facial expression tells the regular education students that he has arrived. As the



regular education students linger around outside of their respective home-rooms, a silence falls over a once noisy hallway at Susquenata High School as Todd and his classmates pass by each classroom. As they walk down the middle of the hallway to their self-contained special education classroom, regular education students move aside in an attempt to get out of their way, reminiscent of the parting of the Red Sea. Day after day, this routine occurs twice—arrival and departure.

Once in the room, Billy immediately heads toward Ms. Queeny, another teacher aide, to give her a hug. Stopping him before he reaches her, Ms. Queeny reminds Billy that he needs to work at shaking hands or saying hello. She also adds, "You're too old to give hugs to women. It's not appropriate." Mrs. Murdock, the teacher, lets out a laugh and shakes her head, knowing that Billy has no idea what "appropriate" means. With eleven students in her class, Mrs. Murdock keeps physically busy throughout much of the day using hand over hand techniques with her students. When the bell rings, as if on cue, the students make their way to their desks. Mrs. Murdock takes roll and then begins calendar with the students. "Who can tell me what day today is?" she asks the class. None of the students respond. After a few seconds she provides the answer by saying, "Today is Tuesday." She writes it on the board and goes on to tell the students that in the afternoon they are going to take a trip to the local grocery store to start their training at stocking shelves. She reminds the students that they have practiced for weeks in the classroom and that now it is the "real thing."

In the classroom, Mrs. Murdock has students work on vocational activities. These activities are meant to simulate a worksite. While some of the tasks are nothing like the real-life tasks, they do represent one step closer on a chain of responses leading to actual tasks. For example, many of her fine motor tasks involve having students drop small pegs into a tin can with a small hole in the lid. Todd is usually involved with these types of activities because one of his individualized educational plan (IEP) goals is to improve fine motor skills. Most mornings are spent doing vocational tasks, leaving the afternoons open for functional skills and gross motor activities.

Finally, after lunch, the bus has arrived to take the class to the grocery store. As Mrs. Murdock and the aide get coats on the students, she reminds them that the purpose of the community-based trip is to show them where they could be working in the future. Fortunately for her, all but two of the eleven students are ambulatory. Motorically, all of her students can perform most gross motor skills such as walking and carrying objects.

Once at the store, they are greeted by the store manager, Mr. Tucker. Mr. Tucker had a son with a disability and now enjoys being involved in the lives of his "special kids." Mr. Tucker leads the group to the stockroom where he has prepared materials for the students to stock. He also introduces Jim to the group and tells them that Jim has worked stocking groceries for him for years. As planned, the students put on aprons and, as directed by the teacher and aide, begin to load boxes on a cart for stocking.

Once in the appropriate aisle, the students begin working in small groups of two or three students unloading the boxes and stocking the items on the shelves. As Todd begins stocking cans of beans on shelves, his tremors

from his CP cause him to drop a can every now and then. Ms. Queeny, who is working with Todd's group, has to constantly remind him to keep his mind on his work. Occasionally Todd stops. Pointing to his picture of a toilet, he asks Ms. Queeny to go to the bathroom. She tells him "no" and five minutes later Todd asks again. She tells him, "Todd, you should have gone back at the classroom." Todd does not respond, but keeps pointing to the picture of the toilet. Finally, she agrees and tells the two other students to keep working while she takes Todd to the bathroom.

When Ms. Queeny returns, she finds her students rolling cans of soup down the aisle. At first she yells at them to stop, but they continue until she takes the cans out of their hands. Ms. Queeny also notices another student eating cereal from a box that he opened. She approaches the student, tells him to stop, but he does not. Finally, she takes the box from his hand and tells him to sit down, as a form of time-out. After hearing the yelling from two aisles over, Mrs. Murdock runs over to inspect the students' progress. For the most part, they have done well at stocking shelves. After her inspection, Mrs. Murdock rounds up all of the students and tells them it is time to return to school.

Once back at school, Todd heads toward the cafeteria, knowing it is time for him to work there. Seeing the other workers, Rosa and Wilma, Todd runs to give them a hug. They hug Todd and ask how he is doing. Todd responds with a thumbs up, meaning everything is going well. As the women begin to cook the food, Todd sets out the trays, plates, and silverware in preparation for the first lunch. When the bell rings, students rush in, grab trays and utensils, and hurriedly rush through the food line. All the while, Todd watches them with a smile. One student, who doesn't like Todd, walks past Todd and calls him a "retard." When one of the workers overhears this remark, she quietly says to Todd, "Don't listen to 'em." When the students finish lunch, they return the trays to the dishwashing area, where Todd loads the dishes into the dishwasher. Todd then heads back to the classroom to eat his lunch.

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## QUESTIONS

1. What do you think will happen to Todd after he graduates? Do you think he will be able to live independently? Work independently?
2. What behavior management would you set up to help Billy control his hitting behavior on the bus?
3. What are the benefits of having a self-contained special education class in a regular education school? What are the benefits for the students with disabilities? What are the benefits for students in regular education?
4. What are some age-appropriate ways to greet people? Is giving a hug considered one of them?
5. What are the benefits of Mrs. Murdock taking her students to the grocery store?
6. How would you handle a student calling Todd a "retard"? What would you do?

7. If this was your classroom, what could you do to ensure that your students were respected by and treated well by other students?
8. *Activity:* Visit a classroom for students with severe mental retardation. What are some skills that they work on in the classroom? What are some of the unusual activities that occur while you are observing?



## 37. KATHY

### *Issue: Inclusion*

*Kathy is a student with severe disabilities, causing her to participate in life in a different manner than other students her age would. Her parents and others have learned that sometimes small, steady gains are the "best" gains to make in life.*

Kathy Klopski is a 12-year-old with multiple disabilities. Kathy is non-ambulatory and can move around only with the use of her motorized wheelchair. She exhibits severe communication and motor deficits and scored within the profound mental retardation range on a recent IQ test. Kathy lives at home with her parents, Carole and Bill Klopski, and her sister, Theresa. Kathy attends the local elementary school and is currently in a self-contained classroom with six other students, all of whom have severe disabilities.

Although she does have a communication board attached to the tray of her wheelchair, it is not of much use because she has a limited vocabulary. To communicate, Kathy uses a combination of gestures (e.g., she makes a fist and twists it to motion that she wants to go to the bathroom) and her communication board. She does not communicate much with other students unless encouraged. For instance, during calendar and morning activity, Kathy will say hello (gesture) to another student only after much prompting from the teacher or aide.

In the classroom, most of the academic activities that Kathy works on are tied to her individualized education program (IEP) goals of improving motor and communication skills. At school, the teacher, Ms. Dawson, has been working on the following skills with Kathy: using appropriate eye contact, increasing the number of gestures used for communication, communicating the greeting hello to another person, using the computer to aid in communication and learning, changing body positions in the wheelchair when sore, independently obtaining objects from the wheelchair, and feeding herself using a spoon. Daily, Ms. Dawson and the teacher aide work on the skills and monitor progress. Through multiple trials (opportunities for response), each person records the percent of correct responses and the time spent working with each child. Before the students leave for the day, Ms. Dawson completes a daily progress report and sends home one activity that should be completed. For example, Kathy's note asked the parent to spend fifteen minutes getting her to respond to the direction of a sound and to touch the object. The parents

Carole and Bill Klopski are always actively involved in Kathy's life. They are constantly working with Kathy at home in the evenings and often spend weekends working with or getting her involved in community activities through "partial participation." Using partial participation, even though Kathy is not able to perform an activity independently, she is still given the opportunity to participate in the activity. Kathy recently became a Girl Scout with their neighborhood scout group. In addition, she and Carole are also involved in a local "Mothers and Daughters" social group. In the scout group, the scouting leader and organization make numerous accommodations for Kathy. She usually earns badges with the assistance of other scouts. For example, she earned her badge for first aid by watching another student conduct first aid on her and answering "yes" and "no" questions about first aid, even though she answered half of the questions incorrectly. At her "Mothers and Daughters" group, Kathy and her mom volunteer their time at community activities to raise money for various charities. At one recent activity, Kathy's mom made some baked goods and sold them with other mothers at the local shopping center. Kathy was also present and her mother said that her presence there helped to increase bake sales. Despite being known throughout the community, Kathy's limited communication skills make it difficult for others to talk to her or hold a conversation with her.

Kathy's teacher feels that Kathy has made much progress this year. Ms. Dawson has spent quite a bit of time working to get Kathy to respond in an appropriate manner to others, mostly through maintaining eye contact and making a limited number of gestures. Ms. Dawson, concerned with getting her students into the community more often, frequently takes her class on community outings. On one recent trip, they went to an animal farm. At the farm, the children were treated to petting and feeding the animals. As each child petted the animals, Ms. Dawson carefully noted their reactions so that she could report their trip to the parents. On another trip, the students visited a local fruit farm and were taken on a tractor ride around the farm. Later back at the school, the students tasted the different types of fruit and vegetables. Again, Ms. Dawson noted what occurred and reported this information to the parents in her daily notes. Ms. Dawson has a reputation of being an excellent teacher in the district; consequently, parents like Kathy's often request to have their children placed in her room.

During a recent IEP conference with the Klopskis, Ms. Dawson reported to Kathy's parents that she had made much progress this year. She started by telling them how Kathy has learned a new gesture to communicate (i.e., juice) and how Kathy has learned to extend her reach one inch farther since she started in her classroom. She then told them how, through the use of an electronic switch that turns on a tape player, Kathy learned to move her arms up higher in the air. As she reported on Kathy's progress of each objective, Ms. Dawson was proud at how much improvement Kathy had made since entering her room two years earlier. Throughout the meeting, Kathy's parents seemed strangely quiet.

When Ms. Dawson completed her update on Kathy's growth in her class, she turned to the Klopskis and asked what was wrong. Although pleased with





## 48. LATASHA

### *Issue: Behavior management*

*Latasha was born HIV positive. In a small, conservative town, word of her disease quickly spreads and causes fear for some. Yet, Latasha is able to teach others to see her "person" first and her disability second.*

Latasha, who is 6-years-old, was born with human immunodeficiency virus (HIV). When she was originally diagnosed with HIV at the age of 2, the virus was in its latent stage. Her mother, Sasa, has since died from complications brought on by acquired immunodeficiency syndrome (AIDS). It wasn't until her mother became very sick that doctors even knew she had AIDS. Once they discovered the virus in her, they immediately tested Latasha. Now living with her grandmother, Latasha is in the middle stage of HIV.

It was not until the virus had reached this middle stage that Latasha began to feel ill. To that point, when she was tested to determine her level of immune cells, the test were always positive, high levels of T cells. The medication, Hivid, that she was taking three times a day had been warding off the virus by the inhibition of viral DNA synthesis. However, her latest CD4 cell count indicated that her level had dropped dramatically, below 300 cells, and for someone Latasha's age, normal CD4 cell count is 1,700 per milliliter of blood. She had been able to keep up with her schoolwork, but as her cell count dropped, she became more fatigued and less able to work for long periods. It was also at this point that her doctors placed her on the medication Bactrim, an antibacterial drug to help her fight off bacterial infections.

When school officials first found out that Latasha had the HIV infection, they wanted anyone coming in contact with her to take special precautions, such as wearing rubber gloves. However, after the initial scare and once they were fully informed about the virus, officials at her school decided to ease these restrictions. This initial panic also reverberated through Latasha's classroom, as teachers and children were literally afraid to go near Latasha for fear of becoming infected. Even her first grade teacher, Mr. Jackson, was initially frightened to touch Latasha for fear of spreading the virus. These first days were rough for Latasha.

To this point, with her virus in check (latency), her grandmother felt that Latasha's illness was nobody's business. It was only once that HIV had progressed to its middle stage that her grandmother decided to share the news. On the first day that her grandmother informed the school of Latasha's condition, school officials hurriedly contacted several local schools to see what precautions should be taken and restricted Latasha's participation until they received information from these schools. As word spread through the school, Latasha began to feel like an outcast, as students would stare at her or avoid eye contact. In addition, her illness made her tired throughout the day.

Some of the children in her school began to become concerned. Within

their children. Later that week, school officials called for an emergency school staff meeting to respond to the new blitz of concerns and threats. Parents and children from the school were invited to the meeting. At that meeting, many parents were outraged to learn about the lax policy concerning children with infectious diseases. Many of the parents threatened lawsuits, while others threatened to pull their children out of school. Everywhere that Latasha went, she felt that she was living under a microscope. Once when she went into a local fast-food restaurant, customers stared and made hushed comments. In such a small town gossip and rumors spread fast, often preventing the truth from coming to the forefront.

In school, students would call her names behind her back, at times calling her "sick girl." The pressure became too much for Latasha, as she was frequently involved in arguments with other students. On one occasion, another girl threw her book at Latasha when Latasha got too close to her. When this happened, Latasha jumped up and began to punch and spit on the girl. On another occasion, when another student mistakenly took Latasha's book, Latasha retaliated by gluing his locker shut. Latasha also pushed a classmate down a flight of steps after the student bumped into her. With each of these incidents, Mr. Jackson decided that Latasha should not be punished because he felt that she had "enough problems" dealing with her HIV infection.

Latasha's problems continued until the visit of "Illusion Lou," a National League Football player who had recently revealed that he had AIDS. Lou came to her town, Minortown, Illinois, to promote his new book, *Living and Dying with AIDS*. Lou had already appeared in several national television specials about AIDS before his visit to Latasha's town. When Latasha met Lou, it was in front of the camera on the local news channel. During their meeting, Lou spoke about compassion and understanding for persons with infectious diseases. Lou's visit to town seemed to ease some of the fears. While his appearance helped to educate parents and students, many in the community still avoided Latasha. As literature on AIDS was spread through town and local doctors began to educate members of the community at meetings, many people began to change their attitude toward Latasha. In the meantime, Mr. Jackson read up on the illness and began to educate children in the school. As he saw that she was becoming too fatigued to work for long periods, he decided to start the evaluation process and recommended that she receive special services.

Immediately, school officials determined that her illness was adversely affecting her educational performance and recommended that she receive additional instruction. In addition to her fatigue, Latasha also had to fight off fevers and constant diarrhea. As teachers and students began to work with her, Latasha gained in popularity. Where she had once found anger and fear, she found comfort and understanding. Still, there were those who never accepted her and continued to harass her.

A few weeks later, her HIV moved to its final stage—AIDS. By now her CD4 count was less than 100 cells per milliliter of blood and Latasha was bedridden, too weak to walk. During this last stage, she also suffered from seizures and blurred vision. When she contracted a severe case of pneumonia,

weeks later, the entire community held a vigil in her memory. School officials vowed to not have her die in vain and dedicated a wing of the school library in her name. That section of the library now houses books, letters, and literature on HIV/AIDS.

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## QUESTIONS

1. How does our society view adults with AIDS? Are children with AIDS treated differently by society? If so, in what way?
2. Why is HIV/AIDS considered a disability?
3. Did Latasha's grandmother contact school officials too late?
4. Considering the community's initial reaction to the news that Latasha had HIV, what could have been done to prevent this negative reaction?
5. How would you deal with Latasha's frequent arguments and fights? Would you use behavioral interventions? Would you provide counseling? Or, would you use both?
6. At what point would you expect a child with HIV to receive special services and why?
7. As a teacher of a child with HIV, what steps should you take to prepare your students to receive this information?
8. What role should nurses, doctors, and other health officials play in AIDS education?
9. *Activity:* Read a recent article about AIDS or AIDS education. Share this information in a discussion with classmates.



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## 49. ERIC

### *Issues: Inclusion, transition*

*Eric's physical disability is obvious, as his wheelchair makes it evident that he cannot use his legs. Unfortunately for Eric, most strangers define who he is based upon his disability. While this problem has plagued Eric since he was a child, he is constantly battling the negative stereotypes, often to no avail.*

Eric is a 35-year-old man with spina bifida. Eric was born with a form of spina bifida called myelomeningocele that has caused a variety of motor problems for him. The location of the defect on Eric's spine has resulted in paralysis of his legs. The two biggest effects of the illness are his inability to walk and his lack of bladder and bowel control. Restricted to a wheelchair, he is among the few that did not also develop hydrocephalus—a condition in which there is an excessive amount of fluid in the brain—resulting in mental

retardation. Fortunately for Eric, he was born with above-average and has never shown signs of developing hydrocephalus.

When Eric was born, his parents, Rob and Kim, suspected might be something wrong with him. Later, doctors confirmed the neural tube defect. Even though it was too early to predict the disability, his doctors suggested that his parents might want to commit him in an institution for children with disabilities. Or they could keep Eric at home for a few years and “wait and see” if his disability was enough to require institutional care.

As they cared for Eric, his parents noticed that he reached the same developmental milestones as students who were not disabled, with the exception of gross motor skills. When they saw that his lower body was not developing due to damage of the nerves in his spine (i.e., spina bifida), they considered sending him to the experts at Walbush Children's Institute. He decided against it after touring the institute. During their tour of the institute, they saw individuals with severe disabilities who were not well served.

When Eric reached school age, the school district insisted he be placed in a classroom for students with severe disabilities. His parents refused and wanted him in the regular first grade class. They argued with the district and claimed that he did not need any special education services because he was such a “smart” kid. What his parents didn't understand was that the class for students with physical disabilities provided individualized instruction and also provided specialized services for those children, such as wheelchairs (e.g., physical therapy, occupational therapy). Reluctantly, Eric agreed and so began Eric's long career in special education.

Today, Eric lives in his own apartment in the city and uses the public transportation system to travel to and from work, even though he has a customized van. His job as a clerk at the county courthouse keeps him busy during the week and his workouts at the gym keep him active on the weekends. He has made many friends who provide him with support. Although he is mobile, there are times when he has difficulty accessing the same facilities as nondisabled individuals do.

For example, one weekend Eric was interested in working on the genealogy of his family. To find information about his ancestors, Eric visited a local historical building that kept records of the town's past. In particular, the Brown House, was operated by a local family. The house, located in the historic section of the city. This part of the city was like it was back in time, with cobblestone streets and narrow entrance ways to the building. When Eric arrived, he drove his van into the parking lot and used his motorized ramp to lower himself down onto the street. When he stepped out, he noticed his first obstacle, cobblestone streets and sidewalks. As he walked himself to the Brown House, he had to stop a few times to rest and to free his wheels when they got caught between cobblestones. When he finally arrived at the Brown House, he found that there was no wheelchair access. As he sat at the entrance to the steps, he contemplated what to do. One of the Brown House tour guides noticed him outside, she came out a